## RECEIVED

JUL 1 5 2010

Disclosure Report C	over JUL 15	2010	Amendment				
		nust be signed and su	D Yes № No Ibmitted along with other detailed forms.				
Do not use this form to update		11000 00 018					
. Committee Information		And the second s					
. Full Name			c. ID Number				
COMMITTEE 10	RE-ELGET PAUL	MOTOSH					
. Mailing Address (include City, St			d. Date Filed				
P.O. BOX 301	5						
RUTHERFORDTON	N, NC 28139		e. Phone Number				
2. Report Year 3. Period Sta	art Date (mm/dd/yy) 4, Period I		5. Treasurer Full Name				
		30-2010	PAUL MINTOSH				
6. Type of Committee (Check			type of report from one category)				
	Party Municipal Referendum Organizationa	State/County al Organizati	ional Referendum  Organizational				
	Referendum Organizational oint Fundraiser Thirty-five da		The state of the s				
Legal Expense Fund	oint Fundraiser Pre-primary	First					
Legal Expense Fund	Pre-election	⊠ Seco					
7. Type of Fund (if applicab	ole, check one) Pre-runoff	Third					
Booster Fund	Semi-annual	Four					
Building Fund	☐ Mid Yea	ar Semi-anni	( <del>2021</del> M)				
	Year En	d 🔲 Mid	Year 10. Special Report Name				
Other:	Final	☐ Year	End				
3. Number of Fundraisers th	is Report	☐ Final					
CALL STATE OF THE		☐ Special					
1. Account Information		11. Account Inform	nation				
. Financial Institution Full Name		a. Financial Institution	Full Name				
BBET							
D. Purpose	c. Account Code	b. Purpose	c. Account Code				
A CONTRACTOR OF THE PARTY OF TH							
	1						
CAMPAIGH	d. Period Begin Balance	1	d. Period Begin Balance				
01)11.11.7	\$ 4617 10		\$				
CERTIFICATION			and the second s				
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.							
Printed Name of S		gnature of Appointed Treas	surer Date				
FOR OFFICE USE ONLY	- market make the second of th						
	7-15-10 Emplo	DX	Delivery Method				
Date Received:	1-15-70 Emplo	yee:	☐ Normal Mail				
			Registered Mail				
Date Postmarked:	Emplo	yee:	Hand Delivered				
Date Scanned:	Employ	yee:	Electronically Filed				
Date Data Entered:	Employ	yee:	<ul> <li>Signer has not received mandatory training</li> </ul>				
assista	cannot be used to amend commant treasurer, custodian of booked the Statement of Organization	s information, or acco	ch as the committee address, treasurer, ount information.				

<b>Detailed Summary</b>	Amendment  Yes  No		
Use this form to summarize all disclosure reporting forms and  1. Committee Full Name (and Fund if applicable)	to total mor		
		Kepurt 3	. ID Number
Start of Floation Coulom I RE-6212T PAUL MCIM	でかけ	Total this	Total this
Start of Election Cycle: January 1, 2010		Reporting Period	Election Cycle
4) Cash on Hand at Start		\$ 4617.	\$
RECEIPTS		Car Spiriting	
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 180-	\$ 5005-
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$	\$ 146 03
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$	\$
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	<b>S</b>
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	\$
11\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,1		\$ 180-	\$ 5,151 52
EXPENDITURES	Para de		
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 261535	\$ 3207 35
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
15) Loan Repayments	(CRO-1420)	\$ 14693	\$ 146 03
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 238 34	\$ 23854
	(CRO-1510)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15,	16 and 17)	\$ 2999 72	\$ 3592 39
19) Cash on Hand at End (Add lines 4 and 12 together, then subtr		\$ 1797 13	\$ 1797 '8
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$	
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$	
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$	
24) Account Transfers Within the Committee	(CRO-1720)	\$	
25) Administrative Support	CRO-1710)	\$	\$
26) Forgiven Loans	CRO-1440)	\$	\$
27) 48-Hour Notice Reports Sum	CRO-2220)	\$	\$
28) Contributions to be Refunded (CRO 1100	CRO-1215)	\$	\$

Use this	form to report indi	n Individuals						
200	ee to Re-Elect Pau	and Fund if applical	ble)			2. ID Nun	nber	
			57					
	ibutor Informatio ne, Mailing Address &			Add R	emove	d. Comment	rs.	
	city, state, & zip)							
DAV	10 Pococh			c. Employer's Name/		4		
	S YEZTON I	Rd.		c. Employer s rame	Special Field			
		N, NC 28139				e. Election S	um to Date	
,						\$ 10	0 -	
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
	,	CHECK			4-18-2	010	\$ 100	
							\$	
							\$	
3. Contri	ibutor Informatio	n	M	Add R	emove			
THE TAXABLE STATE OF THE PARTY	ne, Mailing Address &	& Phone		b. Job Title/Profession	on .	d. Comment	S	
(include city, state, & zip)  TERESH STEPHENS			T EAC 116 c. Employer's Name/		_			
	29) SQUIR RUTHERFORD	TIN NC 281	39	RUTHERFORD SCHOOL S		e. Election Sum to Date		
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
	1	CHECK			4-17-2	010	\$ 30 -	
							\$	
							\$	
3. Contr	ibutor Informatio	n	X		emove			
5 800 NO 100	ne, Mailing Address &	& Phone		b. Job Title/Profession	n	d. Comment	S	
(include city, state, & zip)  CONSULTANT								
FRED BAYLEY 170 PIN OAK DR			c. Employer's Name/		-			
			KITELIK	15	e. Election S	um to Date		
FOREST CITY, NC 28043				\$ 50 °°				
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Description	j. Date (mm/dd/y		k. Amount	
	,	CHECK			4-19.8	1010	\$ 50 -	
П							\$	

4. Total only this Page

5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

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180-

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I hic	hn	rsem	onte	
	vu	13011	CHILD	

			Amendmen	t
Pg	 of	2	☐ Yes	X No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

and the control of the second process of the second part of the second	full Name (and Fun					2.	D Number
Committ	EE TO R	E. IELIECT	P	aul. M	NEIN TOSIA		
3. Type of Disb		use separate CR					nt)
Operating Exp	AND DESCRIPTION OF THE PARTY OF	tributions to Candida					arty Expenditures
4. Payee Inforn			X	Add 🔲	Remove		
	ailing Address & Ph	one		Andrew College State Control of the Control	ed Committee Nam	ie d. C	Comments
(include city, state,			W. Commonweal				
	MACINTOSIA				stered (Specify)		
247 FI	AIRFOREST	UR		Federal	County:		
RUTHER	FORDTON N	ic 28139		L State	Минетр		241 13
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (1	nm/dd/yyyy)	j. Amount		red Remarks
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	C17 E C11	• •	- 55	11 8010	\$		
4. Payee Inforn	nation	and the second	M	Add 🔲	Remove		
a. Full Name, Mail	ing Address & Phone			b. Coordinate	ed Committee Nam	ie d. C	Comments
(include city, sta	te, & zip)		100				
DAILY	COURIER			c. Level Regis	stered (Specify)		
601 0				☐ Federal	X County:		
		42346		☐ State	☐ Municip	ality: e. E	lection Sum to Date
FOREST	city Ne	28043				\$	1689-
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (ı	nm/dd/yyyy)	j. Amount	k. Requi	red Remarks
1	CHECK	A	04-	22-2010	\$ 1689-	FULL	PAGE AD (3)
					\$		
4. Payee Inforn	nation			Add $\square$	Remove	2020 Esc.	
a. Full Name, Mail (include city, sta	ing Address & Phone te, & zip)			b. Coordinate	ed Committee Nam	ie d. C	Comments
Operi	L LYNN						
	FAR WEST	BLUD		c. Level Regis	stered (Specify)  County:		
3332				State	Municip	_	lection Sum to Date
HOSTIN	, TX 1873	,					- 90
					**********	\$	59
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (	mm/dd/yyyy)	j. Amount	k. Requi	red Remarks
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					\$		
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6. Total of ALI	CRO-1310 Pages				Principle Topics	4.	
	line 13a of Detailed Su	mmary Page CRO-11	00 if Ope	rating Expense	es)	\$	
	line 13b of Detailed Sur					n)	
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)							
7. Purpose Codes (List detailed expenditure code in (h.) above)							
A* - Media	B* - Printi			undraising			Candidate
E - Salaries I - Postage	F* - Equip J - Penalti			itical Party ffice Expen			Public Office Expenses to Legal Expense Fund
O* Other	J - Penalu	103	W - 0	mee Expen	JC3 Q - II	JIANUII	to Degai Expense Fund
The second secon	e detailed explanat	ion in required r	emarks	field (k)			

-								
L 1	TC	h	TT	rc	P	m	en	te

Pg 2 of 2 Amendment No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

	Full Name (and Fun						2. ID Number
			0				
	IEE TO R				NEIN TOSIA	7389255	
3. Type of Dish Operating Exp		use separate CK					d Party Expenditures
4. Payee Inform	THE RESIDENCE OF THE PERSON NAMED IN COLUMN 1	itributions to Candida	ites/Pont	Add	Remove	ordinate	a Party Expenditures
The state of the s	failing Address & Ph	one		William Company	ed Committee Nam	e la	d. Comments
(include city, state				Di Coordinat	ca Committee Ham		of Comments
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f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Red	quired Remarks
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			constant the		\$	eduction to sell to	
4. Payee Inform				Add L	Remove		
	ling Address & Phone			b. Coordinat	ed Committee Nam	e c	l. Comments
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				c. Level Regi	stered (Specify)	Side No.	
				☐ Federal	County:		
	ÿ:			☐ State	☐ Municip	ality: e	e. Election Sum to Date
							\$
	l n en	h. Purpose Code	Pote !	(	j. Amount	l Po	quired Remarks
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4. Payee Inform	nation			Add $\square$	Remove		
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(include city, sta	te, & zip)						
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				State	Municip	ality: e	e. Election Sum to Date
		-32-11-1					\$
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E Total anly th	ic Pogo		3,275.60				\$ 625.32
5. Total only th							\$ 625.32 \$ 2615 -
	L CRO-1310 Pages	n	e*.			1.	35
	n line 13a of Detailed Sur Line 13h of Detailed Sur					,	s 2615 -
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)  (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)							
	odes (List detailed		Property Charles	CONTRACTOR OF THE PARTY OF THE			
A* - Media	B* - Printi			undraising	<b>D</b> - To	Anoth	er Candidate
E - Salaries	F* - Equip			litical Party			g Public Office Expenses
I - Postage	J - Penalti			Office Expen			on to Legal Expense Fund
O* Other			D. Epochousement	W-22-02-03-03-03-03-03-03-03-03-03-03-03-03-03-		Contraction of the Contraction o	
* Codes requir	re detailed explanat	ion in required r	emark	s field (k)	A service de de	100	

		sements From the Con			1_	Amendment Yes No
		nds/reimbursements, including co and Fund if applicable)	ontributions retur	ned to the contrib	12/2 De 11/2	
1. Committee Fun	rame (a	and rund if applicable)		A Participant	2. 1	ID Number
COMMITTER		RE-GUET PAUL	MEINTESIA			
3. Payee Informati	AT SATISFIES OF SECURE OF SECURE		Add 🔲 Re	move		
a. Full Name, Mailing A		Phone	d. Type of Comm	ittee	h. C	Original Receipt Date
(include city, state, &	zip)	76	Candidate	PAC		
0			Referendum	Party		
PAUL ME	INTO	31+	e. Level Registere		i. O	riginal Receipt Amount
247 FAI	REORI	FST DR	Federal State	County:  Municipality:	\$	
PAUL ME 247 FAI RUTHENF	ORDI	ZN NC	f. Purpose Code	Municipanty.	i F	lection Sum to Date
110 111 6 111	01.17	28139	ii r ui pose coue		1	87 (3-2)
		20177			\$	23854 -
b. Job Title/Profession		c. Employer's Name/Specific Field	g. Comments		k. A	Account Code
				-		
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i. Porm of Payment	III. Kequ	neu Kemarks				o. Amount
CHECK				05-15-201	D	\$ 238.54
3. Payee Information			Street, The section of the section o	move		
a. Full Name, Mailing A		Phone	d. Type of Comm		h. O	Original Receipt Date
(include city, state, &	zip)		Candidate	PAC		
			Referendum	Party	<u> </u>	
			e. Level Registere		i. O	riginal Receipt Amount
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			f. Purpose Code	Municipanty:	; E	lection Sum to Date
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						\$
3. Payee Information			F15(5)-36-1018(31) - 106(46-)	move		
a. Full Name, Mailing A		Phone	d. Type of Comm		h. O	Original Receipt Date
(include city, state, &	zip)		Candidate	PAC		
			Referendum	Party		-1-11 P1-4 14
			e. Level Registere Federal	County:	1. 0	riginal Receipt Amount
			State	Municipality:	\$	
			f. Purpose Code	- maniepaney.	i. E	lection Sum to Date
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b. Job Title/Profession		c. Employer's Name/Specific Field	g. Comments		k. A	Account Code
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4. Total only this P  5. Total of ALL CF		) Pages		To a fight of the second	\$	238 57
		Pages Detailed Summary Page CRO-1100)			\$	238 3
Annual Control of the		illed disbursement code in (f) abo	ove)			10 10 10 10 10 10 10 10 10 10 10 10 10 1
L - Returned to Co				N - Exce	eded	Contribution Limit
P* - Reimbursem		[14] [14] [15] [15] [15] [15] [15] [15] [15] [15	2311100	II Bacco	. God	Common Dimit
		explanation in required remar	ks field (m)			

Loan Repayments Use this form to report pay		ing loan.	Pg of	Amendment Yes No
1. Committee Full Name				2. ID Number
COMMITTE TO	RE-17-ECT	Paus mei	N TOS It	
3. Lender Information		☐ Add		CERTAIN AND A COMPANY OF THE A
a. Full Name, Mailing Address (include city, state, & zip)	& Phone			b. Comments
PAUL MIN	tristl			
247 FAIRFO				c. Original Loan Date
		2000		02-26-2010
Runten Forna	N NC 2	રા39		d. Original Loan Amount
				\$ 14603
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount
\$ 146 03		CHECH	05-15-2010	\$ 146.03
\$				\$
3. Lender Information		☐ Add	Remove	
a. Full Name, Mailing Address	& Phone			b. Comments
(include city, state, & zip)				_
				c. Original Loan Date
				d. Original Loan Amount
				\$
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount
\$				\$
\$	T			\$
3. Lender Information	r de	☐ Add	Remove	
a. Full Name, Mailing Address	& Phone			b. Comments
(include city, state, & zip)				
				c. Original Loan Date
				d. Original Loan Amount

e. Remaining Loan Balance

4. Total only this Page

f. Account Code

h. Date (mm/dd/yyyy)

g. Form of Payment

03

i. Repayment Amount

\$

\$

\$

\$